

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: <u>A0444</u> Code assigned by DOJ	Type of Application: <u>License, Certification, Permit</u>
Job Title or Type of License, Certification or Permit: <u>Emergency Medical Technician</u>	

Agency Address Set Contributing Agency: <u>OCEMSA</u>		<u>04290</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information <u>P.O. Box 355</u>		<u>Rhonda Suite</u> Contact Name (Mandatory for all school submissions)
Street No. <u>Santa Ana</u> City	Street or P.O. Box <u>CA</u> State	<u>92702</u> Zip Code
		<u>(714) 834-3500</u> Contact Telephone No.

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL-</b> _____ Agency Billing Number (if applicable)
Height: _____	Weight: _____	Phone: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____	_____ City, State and Zip Code	
SOC: _____		

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)		
Employer Name _____		
Street No. _____ City	Street or P.O. Box _____ State	Mail Code (five digit code assigned by DOJ) _____ ( ) Agency Telephone No. (optional)
		Zip Code _____

Live Scan Transaction Completed By: _____ Name of Operator		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____